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now available on STN  
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NEWS 21 Aug 19 The MEDLINE file segment of TOXCENTER has been reloaded  
NEWS 22 Aug 26 Sequence searching in REGISTRY enhanced  
NEWS 23 Sep 03 JAPIO has been reloaded and enhanced  
NEWS 24 Sep 16 Experimental properties added to the REGISTRY file  
NEWS 25 Sep 16 Indexing added to some pre-1967 records in CA/CAPLUS  
NEWS 26 Sep 16 CA Section Thesaurus available in CAPLUS and CA  
NEWS 27 Oct 01 CASREACT Enriched with Reactions from 1907 to 1985  
NEWS 28 Oct 21 EVENTLINE has been reloaded  
NEWS 29 Oct 24 BEILSTEIN adds new search fields  
NEWS 30 Oct 24 Nutraceuticals International (NUTRACEUT) now available on STN  
NEWS 31 Oct 25 MEDLINE SDI run of October 8, 2002  
NEWS 32 Nov 18 DKILIT has been renamed APOLLIT  
NEWS 33 Nov 25 More calculated properties added to REGISTRY  
NEWS 34 Dec 02 TIBKAT will be removed from STN  
NEWS 35 Dec 04 CSA files on STN

NEWS EXPRESS October 14 CURRENT WINDOWS VERSION IS V6.01,  
CURRENT MACINTOSH VERSION IS V6.0a(ENG) AND V6.0Ja(JP),  
AND CURRENT DISCOVER FILE IS DATED 01 OCTOBER 2002  
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=> s gestagen  
L1 508 GESTAGEN

=> s l1 and estradiol  
65387 ESTRADIOL  
L2 136 L1 AND ESTRADIOL

=> s l1 and estrogen

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60434 ESTROGEN  
L3 226 L1 AND ESTROGEN  
=> s l3 and contraception  
2578 CONTRACEPTION  
L4 32 L3 AND CONTRACEPTION

=> s l4 and treatment  
1725422 TREATMENT  
L5 5 L4 AND TREATMENT

=> d l5 1-5 ibib hitstr abs

L5 ANSWER 1 OF 5 CAPLUS COPYRIGHT 2002 ACS  
ACCESSION NUMBER: 1998:558798 CAPLUS  
DOCUMENT NUMBER: 129:166239  
TITLE: Agent for hormonal **contraception**  
INVENTOR(S): Hesch, Rolf-Dieter  
PATENT ASSIGNEE(S): Germany  
SOURCE: Ger. Offen., 6 pp.  
CODEN: GWXXBX  
DOCUMENT TYPE: Patent  
LANGUAGE: German  
FAMILY ACC. NUM. COUNT: 1  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
DE 19705229	A1	19980813	DE 1997-19705229	19970212
DE 19705229	C2	19990415		
WO 9835682	A1	19980820	WO 1998-DE428	19980212
W:	AL, AM, AT, AU, AZ, BB, BG, BR, BY, CA, CH, CN, CZ, DK, EE, ES, FI, GB, GE, HU, IS, JP, KE, KG, KP, KR, KZ, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ, TM, TR, TT, UA, UG, US, UZ, VN, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM			
RW:	GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG			
AU 9867172	A1	19980908	AU 1998-67172	19980212
JP 2001519774	T2	20011023	JP 1998-535240	19980212
US 6451779	B1	20020917	US 2000-403673	20000410

PRIORITY APPLN. INFO.:  
DE 1997-19705229 A 19970212  
WO 1998-DE428 W 19980212

AB A hormonal contraceptive compn. for continuous administration comprises 3 components: (1) .gtoreq.1 synthetic **estrogen**, (2) .gtoreq.1 biogenic **estrogen**, and (3) .gtoreq.1 **gestagen**. This compn. effectively inhibits ovulation with minimal side effects and without periodic bleeding, and is also useful for prevention and/or **treatment** of breast tumors. Thus, a daily dosage form for continuous administration comprised a tablet contg. 5 .mu.g ethynylestradiol, 0.5 mg 17.beta.-estradiol, and 1 mg norethisterone acetate.

REFERENCE COUNT: 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L5 ANSWER 2 OF 5 CAPLUS COPYRIGHT 2002 ACS  
ACCESSION NUMBER: 1996:194879 CAPLUS

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DOCUMENT NUMBER: 124:242335  
TITLE: Pharmaceutical preparation for **contraception**  
and hormone substitution with biogenic  
**estrogen** components  
INVENTOR(S): Oettel, Michael; Osterwald, Hermann; Moore, Claudia;  
Graeser, Thomas  
PATENT ASSIGNEE(S): Jenapharm GmbH, Germany  
SOURCE: Ger., 8 pp.  
CODEN: GWXXAW  
DOCUMENT TYPE: Patent  
LANGUAGE: German  
FAMILY ACC. NUM. COUNT: 1  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
DE 4429374	C1	19960201	DE 1994-4429374	19940812
EP 696454	A2	19960214	EP 1995-250153	19950628
EP 696454	A3	19960717		
EP 696454	B1	19990929		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE				
AT 185072	E	19991015	AT 1995-250153	19950628
US 5633242	A	19970527	US 1995-511026	19950803
JP 08169833	A2	19960702	JP 1995-205801	19950811
JP 3002117	B2	20000124		

PRIORITY APPLN. INFO.: DE 1994-4429374 A 19940812

AB A 3-stage hormone **treatment** regimen effective for either **contraception** or hormone replacement therapy in women comprises (1) 3 or 4 daily dosage units of biogenic **estrogen** (e.g. 17.beta.-estradiol), (2) 20-22 daily dosage units of biogenic **estrogen**/C21 **gestagen** combination, and (3) 3 or 4 daily dosage units of biogenic **estrogen**. Continuation of **estrogen** administration throughout the 28-day **treatment** cycle avoids the bleeding and other side effects of interruption of **estrogen** administration seen in the prior art, and provides excellent control of the ovarian cycle. Thus, suitable compns. of tablets for the 3 **treatment** stages (1 tablet/day) were: (stage 1) micronized estradiol valerate 2.0, lactose 33.4, corn starch 17.2, PVP 2.1, and Mg stearate 0.3 mg (4 tablets); (stage 2) micronized estradiol 2.0, micronized dienogest 2.0, lactose 33.4, corn starch 17.2, PVP 2.1, and Mg stearate 0.3 mg (7 tablets), followed by micronized estradiol 4.0, micronized dienogest 2.0, lactose 33.4, corn starch 17.2, PVP 2.1, and Mg stearate 0.3 mg (14 tablets); (stage 3) micronized estradiol valerate 2.0, lactose 33.4, corn starch 17.2, PVP 2.1, and Mg stearate 0.3 mg (3 tablets).

L5 ANSWER 3 OF 5 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 1993:161077 CAPLUS  
DOCUMENT NUMBER: 118:161077  
TITLE: Female sex hormones. **Estrogen-gestagen** combinations  
AUTHOR(S): Neumann, Friedmund  
CORPORATE SOURCE: Berlin, W-1000/65, Germany  
SOURCE: Pharmazeutische Zeitung (1992), 137(34), 9-15  
CODEN: PHZIAP; ISSN: 0031-7136  
DOCUMENT TYPE: Journal; General Review  
LANGUAGE: German  
AB A review, with 8 refs., which described the applications of

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**estrogen**-progestagen drug combination in gynecol., both for **contraception** and for the **treatment** of various disorders such as premenstrual syndrome, endometriosis, abortion prophylaxis, etc. Historical events in the development of contraceptives and their mechanisms of action, application forms, and risks and side effects are also described.

L5 ANSWER 4 OF 5 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 1976:84688 CAPLUS

DOCUMENT NUMBER: 84:84688

TITLE: Radioimmunological studies on gonadotropin hormones in serum during hormonal **contraception**

AUTHOR(S): Carol, W.; Lauterbach, H.; Klinger, G.; Stoll, W.; Hempel, E.; Chemnitz, K. H.

CORPORATE SOURCE: Frauenklin., Friedrich-Schiller-Univ., Jena, E. Ger.

SOURCE: Zentralbl. Gynaekol. (1975), 97(24), 1518-26

CODEN: ZEGYAX

DOCUMENT TYPE: Journal

LANGUAGE: German

AB Daily measurements of LH [9002-67-9] and FSH [9002-68-0] concns. were carried out by radioimmunoassay in the serum of normal women taking 3 different types of steroid contraceptives. Women taking a combination **estrogen-gestagen** prep., Non-Ovlon [37301-55-6], had continuously low serum levels of both gonadotropins except during the 1st third of the cycle, in which the values were slightly elevated; the low levels corresponded to those seen in the luteal phase of the normal biphasic cycle. In the subject taking a sequential prep., Sequenz-Ovosiston [8065-91-6], serum FSH concns. remained low throughout the cycle but there were multiple LH peaks, the last of which appeared immediately after the transition from the **estrogen** to the **gestagen** phase of **treatment**. Similarly, serum LH patterns in women on a weekly depot **estrogen** regimen (ethynylestradiol 3-(isopropylsulfonate) [28913-23-7]) were characterized by fairly regularly appearing peaks which seemed to be correlated with the time of **estrogen** intake. The causes and clin. significance of these findings are discussed.

L5 ANSWER 5 OF 5 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 1971:445312 CAPLUS

DOCUMENT NUMBER: 75:45312

TITLE: Various blood level findings during oral **contraception**

AUTHOR(S): Kaffarnik, H.; Gassel, W. D.; Lehnert, H.; Schneider, Juergen; Zoefel, P.; Meyer-Bertenrath, J. G.; Karsznia, R.

CORPORATE SOURCE: Med. Poliklin., Univ. Marburg, Marburg, Fed. Rep. Ger.

SOURCE: Muenchen. Med. Wochenschr. (1971), 113(20), 757-62

CODEN: MMWOAU

DOCUMENT TYPE: Journal

LANGUAGE: German

GI For diagram(s), see printed CA Issue.

AB Blood levels of iron, copper, Na, .alpha.-globulin, .beta.-globulin, and ceruloplasmin were significantly higher in women who had taken oral contraceptives such as Eugynon, a mixt. of 0.5 mg norgestrel and 0.05 mg ethynylestradiol (I), Aconcen, a mixt. of 3 mg chlormadinone acetate and 0.1 mg mestranol (II), and Lyndiol, a mixt. of 2.5 mg lynestrenol and 0.075 mg mestranol, for 12-24 months than in women who had not, and blood alkaline phosphatase, bilirubin, .gamma.-globulin, immunoglobulin G,

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immunoglobulin A, and immunoglobulin M were significantly lower. Lactate dehydrogenase, albumin, and transferrin tended to decrease, and glutamic-pyruvic transaminase, glutamic-oxalacetic transaminase, creatinine, K, total protein, .alpha.2-macroglobulin, and erythrocyte sedimentation rate were not affected. No significant variations were noted among the preps. contg. varying amts. of **gestagen** and **estrogen**. With the exception of Fe and Cu, the alterations in blood values of the various parameters were within the normal range.

=>

=> s l2 and contraception

2578 CONTRACEPTION

L6 24 L2 AND CONTRACEPTION

=> s l6 and treatment

1725422 TREATMENT

L7 6 L6 AND TREATMENT

=> d l7 1-6 ibib hitstr abs

L7 ANSWER 1 OF 6 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 1998:558798 CAPLUS

DOCUMENT NUMBER: 129:166239

TITLE: Agent for hormonal **contraception**

INVENTOR(S): Hesch, Rolf-Dieter

PATENT ASSIGNEE(S): Germany

SOURCE: Ger. Offen., 6 pp.

CODEN: GWXXBX

DOCUMENT TYPE: Patent

LANGUAGE: German

FAMILY ACC. NUM. COUNT: 1

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W:	AL, AM, AT, AU, AZ, BB, BG, BR, BY, CA, CH, CN, CZ, DK, EE, ES, FI, GB, GE, HU, IS, JP, KE, KG, KP, KR, KZ, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ, TM, TR, TT, UA, UG, US, UZ, VN, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM			
RW:	GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG			
AU 9867172	A1	19980908	AU 1998-67172	19980212
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US 6451779	B1	20020917	US 2000-403673	20000410

PRIORITY APPLN. INFO.:

DE 1997-19705229 A 19970212

WO 1998-DE428 W 19980212

AB A hormonal contraceptive compn. for continuous administration comprises 3 components: (1) .gtoreq.1 synthetic estrogen, (2) .gtoreq.1 biogenic estrogen, and (3) .gtoreq.1 **gestagen**. This compn. effectively inhibits ovulation with minimal side effects and without periodic bleeding, and is also useful for prevention and/or **treatment** of breast tumors. Thus, a daily dosage form for continuous administration

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comprised a tablet contg. 5 .mu.g ethynylestradiol, 0.5 mg 17.beta.-  
**estradiol**, and 1 mg norethisterone acetate.

REFERENCE COUNT: 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS  
RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 2 OF 6 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 1996:194879 CAPLUS

DOCUMENT NUMBER: 124:242335

TITLE: Pharmaceutical preparation for **contraception**  
and hormone substitution with biogenic estrogen  
components

INVENTOR(S): Oettel, Michael; Osterwald, Hermann; Moore, Claudia;  
Graeser, Thomas

PATENT ASSIGNEE(S): Jenapharm GmbH, Germany

SOURCE: Ger., 8 pp.

CODEN: GWXXAW

DOCUMENT TYPE: Patent

LANGUAGE: German

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
DE 4429374	C1	19960201	DE 1994-4429374	19940812
EP 696454	A2	19960214	EP 1995-250153	19950628
EP 696454	A3	19960717		
EP 696454	B1	19990929		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE				
AT 185072	E	19991015	AT 1995-250153	19950628
US 5633242	A	19970527	US 1995-511026	19950803
JP 08169833	A2	19960702	JP 1995-205801	19950811
JP 3002117	B2	20000124		

PRIORITY APPLN. INFO.: DE 1994-4429374 A 19940812

AB A 3-stage hormone **treatment** regimen effective for either  
**contraception** or hormone replacement therapy in women comprises  
(1) 3 or 4 daily dosage units of biogenic estrogen (e.g. 17.beta.-  
**estradiol**), (2) 20-22 daily dosage units of biogenic estrogen/C21  
**gestagen** combination, and (3) 3 or 4 daily dosage units of  
biogenic estrogen. Continuation of estrogen administration throughout the  
28-day **treatment** cycle avoids the bleeding and other side  
effects of interruption of estrogen administration seen in the prior art,  
and provides excellent control of the ovarian cycle. Thus, suitable  
compos. of tablets for the 3 **treatment** stages (1 tablet/day)  
were: (stage 1) micronized **estradiol** valerate 2.0, lactose 33.4,  
corn starch 17.2, PVP 2.1, and Mg stearate 0.3 mg (4 tablets); (stage 2)  
micronized **estradiol** 2.0, micronized dienogest 2.0, lactose  
33.4, corn starch 17.2, PVP 2.1, and Mg stearate 0.3 mg (7 tablets),  
followed by micronized **estradiol** 4.0, micronized dienogest 2.0,  
lactose 33.4, corn starch 17.2, PVP 2.1, and Mg stearate 0.3 mg (14  
tablets); (stage 3) micronized **estradiol** valerate 2.0, lactose  
33.4, corn starch 17.2, PVP 2.1, and Mg stearate 0.3 mg (3 tablets).

L7 ANSWER 3 OF 6 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 1985:179277 CAPLUS

DOCUMENT NUMBER: 102:179277

TITLE: Pharmacodynamics of a contraceptive vaginal ring  
releasing norethindrone and **estradiol**:  
ovarian function, bleeding control and lipoprotein

12/11/2002

AUTHOR(S): patterns  
Victor, Arne; Lithell, Hans; Selinus, Ingemar; Vessby, Bengt  
CORPORATE SOURCE: Dep. Obstet. Gynaecol., Univ. Hosp., Uppsala, Swed.  
SOURCE: Contraception (1985), 31(2), 131-40  
CODEN: CCPTAY; ISSN: 0010-7824  
DOCUMENT TYPE: Journal  
LANGUAGE: English

AB A contraceptive vaginal ring (CVR), releasing a norethindrone-  
**estradiol** mixt. [62057-27-6] (NET .apprx.700 .mu.g,  
**estradiol**, E2 .apprx.140 .mu.g) daily, was studied in 11 women for  
a total of 61 21-day cycles. Ovarian function, as judged by plasma  
progesterone and E2 levels, and plasma NET levels were studied by weekly  
blood samples in 30 cycles. The lipoprotein pattern was studied before,  
after 2 and 6 mo of **treatment** and 1 mo after completion of  
**treatment**. The CVR gave rise to stable plasma NET levels which  
varied considerably between individuals. Signs of luteal  
activity/ovulation were encountered in 4/30 cycles, all in subjects with  
the lowest NET plasma levels. E2 levels >250 pmol/L, indicating  
follicular activity, were encountered in 22/30 cycles. Breakthrough  
bleeding and spotting appeared in 40/61 cycles and in 12 per cent of the  
**treatment** days. Bleeding control was better in the same subjects  
when using a CVR releasing a levonorgestrel-E2 mixt. (I) [88873-29-4].  
Serum and high-d. lipoprotein (HDL) cholesterol [57-88-5] concns.  
decreased by 10-12% during **treatment**. The ratios between  
apolipoproteins A-I and A-II, on the one hand, and HDL cholesterol on the  
other increased and the ratio apolipoprotein A-I:A-II decreased,  
indicating a change in the lipoprotein compn. These changes were qual.  
similar but quant. not as pronounced as with the more extensively studied  
I-CVR. The difference in clin. performance and in the effects on the  
lipoprotein pattern between the presently studied CVR and the I CVR is  
most likely the result of not using equipotent doses of **gestagen**  
in the CVRs.

L7 ANSWER 4 OF 6 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 1979:534667 CAPLUS

DOCUMENT NUMBER: 91:134667

TITLE: Subdermal norethindrone pellets - a method for  
**contraception?**

AUTHOR(S): Odland, Viveca; Moo-Young, Alfred J.; Gupta, Gopi N.;  
Weiner, Erik; Johansson, Elof D. B.

CORPORATE SOURCE: Dep. Obstetr. Gynecol., Univ. Hosp., Uppsala, Swed.

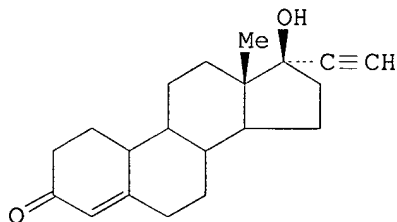
SOURCE: Contraception (1979), 19(6), 639-48

CODEN: CCPTAY; ISSN: 0010-7824

DOCUMENT TYPE: Journal

LANGUAGE: English

GI



I



AB The mode of action of compressed pellets contg. 85% norethindrone (I) [68-22-4] and 15% cholesterol was studied. Four pellets were inserted s.c., in each of 5 healthy volunteers and left in place for 200-229 days. The I content of the pellets varied between 23.9 mg and 25.6 mg; and the cholesterol content between 4.2 mg and 4.5 mg. Plasma levels of I, **estradiol** [50-28-2], and progesterone [57-83-0] were detd. by radioimmunoassays. Plasma levels of I varied mostly between 1-2 ng/mL the first month after insertion. After 2 mo plasma levels of I ranged between 0.5 ng/mL and 1 ng/mL in all volunteers and there was a gradual decrease of the plasma I levels throughout **treatment**. Pronounced day-to-day variations in plasma i levels were recorded. The release rates of I was calcd. to be between 187 .mu.g/day and 243 .mu.g/day among the 5 volunteers. Ovulations occurred in 4 out of 5 subjects during **treatment**. Apparently, the release of **gestagen** from 4 I pellets is only initially high enough to completely inhibit ovulation, and to accomplish full contraceptive efficacy, a higher dose, i.e. more pellets, need to be inserted.

L7 ANSWER 5 OF 6 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 1977:12188 CAPLUS

DOCUMENT NUMBER: 86:12188

TITLE: **Contraception** with d-norgestrel silastic rods. Plasma levels of d-norgestrel and influence on the ovarian function

AUTHOR(S): Weiner, Erik; Johansson, Elof D. B.

CORPORATE SOURCE: Dep. Obstet. Gynecol., Univ. Hosp., Uppsala, Swed.

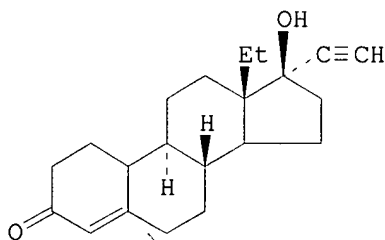
SOURCE: Contraception (1976), 14(5), 551-62

CODEN: CCPTAY; ISSN: 0010-7824

DOCUMENT TYPE: Journal

LANGUAGE: English

GI



I

AB Three silastic rods impregnated with d-norgestrel (I) [797-63-7], each contg. 40 mg of the **gestagen**, were inserted s.c. in the left forearm of 4 women and left in place for 100-458 days. After about 300 days of **treatment**, a daily oral dose of 50 .mu.g ethynylestradiol was given to 3 of the participants during 21 days, in order to increase the concn. of sex hormone binding globulin in plasma. Plasma levels of I during **treatment**, were in the range found 4-6 hr after intake of the mini-pill formulation of I (0.03 mg). When the sex hormone binding globulin levels were increased by oral ethynylestradiol **treatment** in the subjects with previous const. I levels in plasma, the I levels increased 2- to 6-fold, indicating that sex hormone binding globulin is the main carrier protein for I. The concns. of I in plasma

did not inhibit the baseline levels of **estradiol** [50-28-2] in plasma, but ovulation was inhibited during the 1st year of **treatment**. Ovulatory pattern of progesterone [57-83-0] was restored within 20 days after removal of the rods. The amt. of I lost from the rods during **treatment** suggest a contraceptive efficacy of at least 2 years.

L7 ANSWER 6 OF 6 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 1975:608 CAPLUS

DOCUMENT NUMBER: 82:608

TITLE: Ultrastructure of human uterine epithelium at the time of implantation after postovulatory administration of norethindrone

AUTHOR(S): Nilsson, Ove; Nygren, Karl G.

CORPORATE SOURCE: Dep. Anat., Biomed. Cent., Uppsala, Swed.

SOURCE: Upsala J. Med. Sci. (1974), 79(2), 65-71

CODEN: UJMSAP

DOCUMENT TYPE: Journal

LANGUAGE: English

GI For diagram(s), see printed CA Issue.

AB The mechanism of action of the previously demonstrated contraceptive effect in women of postovulatory administration of a synthetic **gestagen** norethindrone (I) [68-22-4], was investigated. Seven women participated during 3 control cycles and during 8 **treatment** cycles, in which I was given orally after ovulation. Daily peripheral plasma levels of progesterone [57-83-0], **estradiol** [50-28-2] and I were assayed. An endometrial biopsy was taken in all cycles at about the expected time of implantation. Light microscopy revealed no consistent differences between nontreatment and **treatment** cycles but electron microscopy indicated that, after I **treatment**, the mitochondria had grown larger and that a nucleolar channel system had appeared. These changes suggest an increased progesterone-like influence upon the epithelium, despite the decreased progesterone plasma levels, caused by I. It is assumed that these structural changes, caused by the postovulatory I **treatment**, might change the functional properties of the endometrium and thereby impair the possibilities for normal implantation.